

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 10
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Itzamna Translations Company			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2016		
Mailing Address P.O. Box 1015			Amount 52.65		
City Glendale	State AZ	Zip Code 85311	Transaction ID : B628176		
Purpose of Expenditure Translation Services		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2016		
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought		2045078.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Terris Barnes & Walters			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2016		
Mailing Address 400 Montgomery St # 700			Amount 1875.60		
City San Francisco	State CA	Zip Code 94104	Transaction ID : B628177		
Purpose of Expenditure Canvass Lit		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2016		
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought		2045078.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1928.25
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

[Electronically Filed]

Date

MM / DD / YYYY
09 / 27 / 2016

Signature